

I	589	12.4	157815	24.0
II	303	6.4	51253	7.8
III	1190	25.0	169325	25.7
IV	2345	49.2	229240	34.8
unknown	342	7.0	50349	7.7
Histology				
Adenocarcinoma	2208	46.3	246950	37.5
Squamous	557	11.7	179428	27.3
Large Cell	443	9.3	45796	7.0
BAC	156	3.3	23836	3.6
NSCLC	578	12.1	93666	14.2
Other	827	17.3	68306	10.4

P1-037

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Epidemiological study of lung cancer in western Mexico

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Objective: The aims of this study were to describe histological and clinical characteristics of lung cancer patients and its impact on diagnosis in the western region of Mexico over a period of four years and compare them with those historical series of other regions of Mexico and other countries.

Patients and methods: We studied retrospectively 1312 cases with clinical diagnosis of lung cancer, from the Department of pulmonary physiology (Western National Medical Center), from January 2002 to December 2005. Statistic analysis: Gender and age was compared with x2 test. Differences between diagnostic methods were established using comparative contingency tables. P value less than 0.05 was considered statistically significant.

Results: Accordingly gender, 57% of lung cancer patients were men and 43% women. The average age was 51 years old. 14.3% had a definitive diagnosis of lung cancer. The average of analyzed samples for each patient was 1.67; nevertheless, there was cases with until 8 samples. The average of patients with definitive diagnosis of lung cancer per year was 46.5 from 323. The most common histological type of lung cancer was adenocarcinoma (65%), followed by squamous cell lung cancer (20%). The most frequent diagnostic methods were: bronchial aspirate, pleural cytology and bronchial biopsy. Our study reveals statistical differences on frequency of lung cancer histological types compared with reports from Finland, Poland, Turkey, Spain and United States of America. Otherwise, the comparison between studies from other regions of our country and these results present similar frequencies.

P1-038

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Overview of lung cancer in Dharmais National Cancer Hospital, Jakarta, Indonesia

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Background: Lung cancer is the first cause of death in cancer patient, and Lung cancer mostly diagnosed at late stage, and survival was poor. To know the characteristic of lung cancer in our institution, we evaluated lung cancer patient about, gender ratio, mean age, stage, type of cytology, distant metastatic, treatment and others.

Methods: From January 2004 to December 2004, we collected and analyzed the data files of lung cancer patient. This is the retrospective study, some data not completely.

Results: From total of 67 patients, 51 pts are man and 16 pts are woman, and average age 57 years old. The type of cancer are; SCLC 4 % and NSCLC 96 %.

All SCLC are extensive stage, with brain metastatic, and NSCLC, stage IIIA; 2 %, IIIB; 46% and stage IV:52%.From the available data, cytology findings are; Adenocarcinoma: 54 %, Squamous Cell Ca:22 %, Large cell Ca:4 %, and no describe the type of cytology: 20 %. Distant metastatic are bones: 19 pts, brain; 6 pts, liver; 5 pts, and contra lateral of lung: 5 pts. Chemotherapy was given to 23 pts (34 %), chemoradiation for 2 pts (3%), and palliative radiotherapy for brain metastatic and bones;19 pts (28 %). Combination of chemotherapy was platinum based (cisplatin or carboplatin) combined with etoposide, paclitaxel, gemcitabine, docetaxel, and irinotecan) as first or second line chemotherapy, one patients got Gefitinib after chemotherapy.

Conclusion: Mostly diagnosis of lung cancer stage IIIB and IV. The type of cytology; Adenocarcinoma is predominant, the four sites for metastatic are bones, liver, brain and lung, chemotherapy and target therapy was given for 34 % of patient.

P1-039

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Multiple carcinomas in the lung cancer patients

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Background: We have observed increasing rate of patients suffering from multiple primary carcinomas over the last ten years. The aim of this study was to find significant frequencies of various malignant tumour associations, as well as common risk factors, evaluation of therapy, prognosis and survival of patients with confirmed lung cancer and additional primary malignancies.

Patients and Methods: This metastudy included 142 patients suffering from more than one primary carcinoma (synchronous or metachronous appearance), where one of the tumours was histopathologically confirmed lung cancer. Patients were registered in our department between 1995 and the fall of 2006. We have analysed their gender, age, family history, smoking status, date of the first malignancy, as well as the timing of the secondary (or tertiary) malignancies. In addition we have observed the most frequent mutual associations of the tumours, outcome of therapy, survival rates, etc.

Results: There were 118 men and 24 women, age ranging from 26 to 79 years. The longest interval between each carcinoma diagnoses was 29 years (larynx and lung cancer) and 26 years (malignant lymphoma and lung cancer). The shortest interval corresponded to a simultaneous occurrence of lung cancer duplicity with different morphology. Median time interval between malignant tumours was 3 years.

Discussion: In our group predominance of men (83%) is evident, which could be explained by pre-selection of lung carcinoma being more common in men. 84% of patients were smokers (current or

former). 50% of patients had positive family history for general cancer occurrence. The mean age of patients at the time of the first carcinoma diagnosis was 59 years, 63 years at second carcinoma and 64 years at a third carcinoma diagnoses. The most common duplicity according together with lung cancer in men was another lung cancer type, while in women it was cervical cancer.

Vast majority of patients were smokers (current or former), which corresponds to smoking being an important risk factor in head and neck, larynx, lung, urine bladder, kidney, cervix and colon cancers. In addition, complex genetic factors, such as inherited disease susceptibility though multiple DNA variations seem responsible of frequent positive family history of general cancer occurrence. The role of chemotherapy and radiotherapy in the primary carcinoma treatment should be also considered as an independent risk factor for subsequent malignancies.

Conclusion The frequency of multiple carcinomas occurrence is steadily increasing over the past ten years. Paradoxically, gradual improvements in treatment efficiency directed at the primary tumor, gives opportunity for secondary carcinomas to develop. In addition to the possibility of disease relaps it is therefore very important to keep in mind an increased risk of a secondary malignancy risk in oncologic patients. This study is further expected to be extended by other common risk analysis - including professional exposure, genetic and dietetics influence as well as other factors.

P1-040

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Smoking habits and associated factors among the medical students of Shaheed Beheshti University of medical sciences in Tehran-Iran

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Background: There were large increases in smoking in developing countries, especially among males, over the last part of the 20th century. While prevalence of tobacco use has declined in some high income countries, it is increasing in some low and middle income countries, especially among young people and women. Smoking causes substantially increased risk of mortality from lung cancer and a range of other medical causes. Among industrialized countries, where smoking has been common, smoking is estimated to cause over 90% of lung cancer in men and about 70% of lung cancer among women. Worldwide, it is estimated that tobacco causes about 8.8% of deaths (4.9 million) and 4.1% of DALYs (59.1 million). The rapid evolution of the tobacco epidemic is illustrated by comparing these estimates for 2000 with those for 1990: there are at least a million more deaths attributable to tobacco, with the increase being most marked in developing countries. For industrialized countries, with just over one-fifth of the world's population, tobacco is the leading risk factor, accounting for about 12% of all disease and injury burden (about 2.5% of cancer burden). The aim of this study was to estimate smoking habits and associated factors among the medical students of Shaheed Beheshti University of Medical Sciences in Tehran.

Methods: A cross-sectional survey conducted on 720 medical students (400 women and 320 men) by choosing randomly in Shaheed Beheshti University. Data collected by anonymous and Self-administered questionnaires. It included questions about demographic characteristics, family characteristics, social contacts, smoking pattern and use of other substances. The Completed questionnaires were thrown in a box by themselves. Logistic regression was used to analyze the influence of different factors on the probability of a medical student being a smoker.

Results: This study revealed the following results among medical students of Shaheed Beheshti University of Medical sciences: Overall, 14.2% of the medical students (24.7% of men; 5.8% of women) currently and regularly smoked; 15.7% of smokers were single, 80.4% were married and 3.9% were divorced. 7.1% of smokers reported starting smoking at primary school (aged 7-11 years), 12.5% at guidance school (aged 12-14 years), 37% at high school (aged 15-18 years) and 43.4% at the university (aged over 19 years).

Male gender, being single, the worse relationship between medical students' parents, alcohol and drug use in students, drug use in students' friends and the place where students lived were found to be significant variables predicting regular smoking by multivariate logistic regression analysis. Family status, relationship with father, alcohol and drug use in students' families, alcohol use in students' friends and prayer were found not to have influence on regular smoking.

Conclusion: Smoking still constitutes a major problem among medical students. This may be due to the addictive effect of smoking and other reasons. More effective interventions that reduce smoking in the medical students should be implemented immediately so that medical students (next physicians) will be better able to fulfill their function as role models for the general population.

P1-041

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Impact of second hand smoke(SHS) exposure on the likelihood of mutations in epidermal growth factor receptor(EGFR) gene in patients with non-small cell lung cancer(NSCLC) who had never smoked

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Background: The presence of EGFR mutations in NSCLC has strongly associated with never-smoking history. SHS exposure is associated with higher risk of lung cancer. We have conducted this study to evaluate the association between SHS exposure and likelihood of mutations in EGFR gene in NSCLC patients who had never smoked.

Methods: SHS exposure information from a total of 93 never smokers (<100 lifetime cigarettes) with newly diagnosed primary NSCLC was obtained using a standardized questionnaire. Patients were asked whether they were regularly exposed to SHS at home or work places, respectively. Nucleotide sequencing of the kinase domain of EGFR (exons 18 to 21) was performed using nested PCR amplification of individual exons.

Results: Patient characteristics (n=93) included median age 57 years; female (n= 81); adenocarcinoma ± bronchoalveolar carcinoma (n= 82); EGFR mutation (1 mutation in exon 18 G719, 31 in-frame deletions in exon 19, 10 mutations in codon 858 in exon 21). Fifty-two (55.9%) of the patients reported having been exposed to SHS, including 46 (49.5%) exposed at home and 13 (14.0%) exposed at work. The incidence of EGFR mutations was not associated with female gender and adenocarcinoma histology. Patients with SHS exposure showed a trend towards lower incidence of EGFR mutations (36.5% vs. 56.1%, P= 0.060) and a significantly lower incidence of deletion mutations in exon 19 (57.9% vs. 87.0%, P= 0.033). When the incidence of EGFR mutations was compared, no difference between SHS exposure at home and